

<b>Case Number:</b>	CM15-0016522		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old female sustained a work-related injury to her neck and left upper extremity on 3/1/2010. According to the progress notes dated 12/16/2014, the injured worker's (IW) diagnoses include shoulder acromioclavicular joint arthritis, shoulder and elbow arthralgia, cervical radiculitis, cervicgia, thoracic spine arthralgia, bicipital tenosynovitis, impingement/bursitis-shoulder, shoulder sprain/strain rotator cuff, upper extremity sprain/strain-other specified site, sprain/strain unspecified site-elbow, thoracic sprain/strain and cervical myofascial sprain/strain. She reports left shoulder pain; muscle spasms in the left trapezius muscles were noted on exam. Previous treatments include medications, injections, topical gel and physical therapy. Prior cervical epidural injections were performed and reported to provide significant relief. Repeat epidural has been requested. The treating provider requests trigger point injections of the cervical spine x one. The Utilization Review on 1/28/2015 non-certified trigger point injections of the cervical spine x one, citing CA MTUS Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trigger point injections QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Pain; Trigger point injections

**Decision rationale:** Both MTUS and ODG Guidelines are very clear in recommending that trigger point injections no be performed when radicular pain is present. The requesting provider documents cervical radicular pain and has previously performed an epidural injection and a repeat epidural is requested. Under these circumstances, Guidelines do not support trigger point injections to the cervical area. The request for cervical trigger point injection(s) X1 is not medically necessary.